

HEARING RIGHTS

If you or your legal guardian disagree with any decision, service, or action of the Division of Services for People with Disabilities (Division), you have the right to receive a formal hearing at anytime prior to, during or immediately following the 3 step Division resolution process outlined below. The Division staff will begin the Division resolution process or send your request directly to the appropriate agency for a formal hearing (according to your directions) once your completed Hearing Request form 490S is received at the address listed below.

- Step 1 The Division staff explains the regulations on which the action is based and attempts to resolve the disagreement.
- Step 2 If resolution of the problem is unsuccessful, the Division staff arranges a region review meeting between you and your legal representative, if any, and the region supervisor and/or region director.
- Step 3 If a region review does not resolve the issue, Division staff arrange a Division review meeting between you and your legal representative, if any, the Division director and region director.

At anytime during the Division resolution process you may request that the original form 490s and other required documentation be forwarded to the appropriate hearing office, for a formal hearing before that Department's Hearing Examiner. **You must make your request for resolution and/or a hearing within 30 days of the postmark of this notice. This letter represents such a Division decision or action. If you wish to continue to receive services during the resolution of the concern, you must request resolution within 10 days of the postmark of this notice.** You, your parents, and/or your legal guardian have the right to be represented and/or be accompanied by other individuals at the Division review meetings and the Department hearing. You may be eligible for legal help without charge. Your support coordinator at the Division may suggest where free legal help may be available. It should be noted, that your attorney represents you but does not necessarily represent your parents or legal representative. To begin the resolution process, fill in and sign the bottom half of this sheet. Tear it off and mail it to:

**PLACE NAME OF REGION DESIGNEE
AND
REGION ADDRESS HERE**

Select A or B: ☐ (A). I want Division resolution ☐ (B). I want a formal hearing
I would like services to continue during the resolution/hearing process ☐ Yes ☐ No
If "yes" this request for a resolution/hearing is being made within 10 days of postmark of this notice
I am requesting a resolution/hearing because

Please Print the Following:

Name:	Street Address	Date
Social Security Number	City, State, Zip	Telephone
Signature of Person and/or Representative		

